

NAME

## ALABAMA DEPARTMENT OF REVENUE

SALES, USE & BUSINESS TAX DIVISION • TOBACCO TAX SECTION

P.O. Box 327555 • Montgomery, AL 36132-7555 • (334) 242-9627 www.ador.state.al.us

## File In Duplicate

For the Month of:

## Schedule C – Report of Out-of-State Sales of Cigarettes complete a separate schedule for each state where cigarettes were sold

DBA				FEIN OR SOCIAL SECURITY NUMBER		
ADDRESS				PERMIT NUMBER		
CITY		ST	ATE ZIP	TELEPHONE NUMBER		
(2) Indicat Other).	e method of ship	nsfer out of state. ment (DT-Dist. Truck, C uct shipped into another	CC–Common Carrier, PP–Parcel Post,	<ul> <li>(4) Complete name, address, and city of composold.</li> <li>(5) Total number of sticks per invoice.</li> <li>(6) Indicate whether shipped cigarettes were tax</li> </ul>		cigarettes were
(1) DATE	(2) METHOD OF SHIPMENT	(3) INVOICE NUMBER	TO WHOM SOLD	(4) — NAME AND ADDRESS	(5) NUMBER OF CIGARETTES (TOTAL STICKS)	(6) TAX PAID
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No
				Subtotal: This Page Only		
	_1	1		Grand Total		
					1	J